|   |  |  |  | <del></del>  |                                    |                        | <del>~~~~</del>        |                                |                     |                                       |  |
|---|--|--|--|--|------------------------------------|------------------------|------------------------|--------------------------------|---------------------|---------------------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004 |  |  |  |  |                                    |                        |                        | - Application or Docket Number |                     |                                       |  |
| CLAIMS AS FILED - PART I  |  |  |  |  |                                    |                        |                        | 10 10 1609 -                   |                     |                                       |  |
|   |  | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |  |  |                                    |                        |                        |                                |                     |                                       |  |
| U.S. NATIONAL STAGE FEES  |  |  | (Colun                                 |  | (Column 2)                         | RATE                   | FEE                    | ]                              | RATE                | FEE                                   |  |
| BASIC FEE   |  |  |  |  |                                    | BASIC FEE              | 151)                   | OR                             | BASIC FEE           |                                       |  |
| EXAMINATION FEE   |  |  |  |  |                                    | EXAM. FEE              | 100                    |                                | EXAM. FEE           |                                       |  |
| SEARCH FEE  |  |  | ·                                      | .  | - ,- <u>,</u>                      | SEARCH FEE             | 200                    | 1                              | SEARCH FEE          |                                       |  |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 = / 50 =                     |  |                                    | X \$ 125 =             |                        |                                | X \$ 250 =          | <u></u>                               |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | 27 minus 20 = *                        |  |                                    | X \$ 25 =              | 175                    | OR                             | X \$ 50 =           | <u> </u>                              |  |
| INDEPENDENT CLAIMS  |  |  | 7                                      | minus 3 = *  | 4                                  | X \$ 100 =             | 444)                   | OR                             | X \$ 200 =          |                                       |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                                | ESENT                                  |  |                                    | + \$ 180 =             | 181)                   | OR                             | + \$ 360 =          |                                       |  |
| * If  | the difference                                 | in column 1 is                               | less than zer                          | o, enter "0" in c  | olumn 2                            | TOTAL                  |                        | OR                             | TOTAL               | · · · · · · · · · · · · · · · · · · · |  |
|   |  | SMALL E                                      | NTITY                                  | OR   | OTHER I                            |                        |                        |                                |                     |                                       |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                   | RATE                   | ADDI-<br>TIONAL<br>FEE |                                | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
|   | Total  | *  | Minus                                  | **   | =                                  | X \$ 25 =              |                        | OR                             | X \$ 50 =           |                                       |  |
|   | Independent                                    | *  | Minus                                  | ***  | =                                  | X \$ 100 =             |                        | OR                             | X \$ 200 =          |                                       |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                                    | + \$ 180 =             |                        | OR                             | + \$ 360 =          |                                       |  |
|   |  | •  |  |  |                                    | TOTAL ADDIT.<br>FFF    |                        | OR                             | TOTAL ADDIT.<br>FFF |                                       |  |
|   |  | (Column 1)                                   |  | (Column 2)   | (Column 3)                         |                        |                        | •                              |                     |                                       |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA                   | RATE                   | ADDI-<br>TIONAL<br>FEE |                                | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
|   | Total  | *  | Minus                                  | **   | =                                  | X \$ 25 =              |                        | OR                             | X \$ 50 =           |                                       |  |
|   | Independent                                    | *  | Minus                                  | ***  | =                                  | X \$ 100 =             |                        | OR                             | X \$ 200 =          |                                       |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                                    | + \$ 180 =             |                        | OR                             | + \$ 360 =          |                                       |  |
|   |  |  |  |  |                                    | TOTAL ADDIT.<br>FFF    |                        | OR                             | TOTAL ADDIT.<br>FFF |                                       |  |
| . **  | If the "Highest Nu<br>If the "Highest Nu       | ımber Previously Pa<br>ımber Previously Pa   | id For" IN THIS S<br>id For" IN THIS S | i 2, write "0" in colum<br>PACE is less than '2<br>PACE is less than '3<br>dependent) is the hig | 20', enter "20".<br>3', enter "3". | in the appropriate box | t in column 1          |                                |                     |                                       |  |
|   | The "Highest Nur                               | mber Previously Paid                         | d For" (Total or In                    | dependent) is the hig  | hest number found                  | in the appropriate box | in column 1            |                                |                     |                                       |  |